

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559,833

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
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18		2				
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20		2				
21		2				
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25		2				
26		2				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35		1				
36		1				
37		2				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
53		2				
54		2				
55		2				
56		2				
57		2				
58		2				
59		2				
60		2				
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	69	←		←		←
TOTAL CLAIMS	70					